Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF OREGON	_	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
		e the name that is on government-issued	Traci First name	First name
	pictu	re identification (for mple, your driver's	Ann	T il st fiame
		se or passport).	Middle name	Middle name
	Bring	g your picture tification to your	Jackson	
		ting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.		other names you have d in the last 8 years		
	maio assu	ide your married or den names and any imed, trade names and g business as names.		
	any such partr	NOT list the name of separate legal entity as a corporation, nership, or LLC that is illing this petition.		
3.	you num Indi	the last 4 digits of r Social Security liber or federal vidual Taxpayer tification number	xxx-xx-4132	

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Your Employer Identification Number (EIN), if any.	EIN	EIN
5.	Where you live		If Debtor 2 lives at a different address:
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Coos County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing	Check one:	Check one:
	this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Del	otor 1 Traci Ann Jacksor	1				Case number (if known)	
Par	t 2: Tell the Court About	our Bankrı	uptcy Ca	ase			
7.	The chapter of the Bankruptcy Code you are				each, see Notice Required by age 1 and check the appropriat	11 U.S.C. § 342(b) for Individuals Filing for Bank e box.	ruptcy
	choosing to file under	☐ Chapte	er 7				
		☐ Chapte	er 11				
		☐ Chapte	er 12				
		■ Chapte	er 13				
8.	How you will pay the fee					k with the clerk's office in your local court for mo	
		orde	r. If your			ourself, you may pay with cash, cashier's check, outlined alf, your attorney may pay with a credit card or ch	
					Iments. If you choose this option Official Form 103A).	on, sign and attach the Application for Individuals	to Pay
		☐ I red	uest tha	at my fee be waiv	ed (You may request this optio	n only if you are filing for Chapter 7. By law, a juc	dge may,
		but i	s not req	uired to, waive you	ur fee, and may do so only if yo	our income is less than 150% of the official povering installments). If you choose this option, you mu	ty line that
						cial Form 103B) and file it with your petition.	
9.	Have you filed for	■ No.					
	bankruptcy within the last 8 years?	☐ Yes.					
			District		When	Case number	
			District		When		
			District		When	Case number	
10.	Are any bankruptcy	■ No					
	cases pending or being filed by a spouse who is	☐ Yes.					
	not filing this case with you, or by a business partner, or by an affiliate?						
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
11.	Do you rent your	■ No.	Go to l	line 12.			
	residence?		Hac ve	our landlard obtain	ed an eviction judgment agains	* vau?	
		☐ Yes.	_	No. Go to line 12	, , ,	a you:	
						Judgment Against You (Form 101A) and file it as	part of
			_	this bankruptcy p		5 - 1 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	

Deb	tor 1 Traci Ann Jackso	n			Case number (if known)
Par	Report About Any Bu	ısinesses	You Ow	n as a Sole Proprieto	or
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Nam	e and location of busi	ness
	A sole proprietorship is a				
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			e of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Num	ber, Street, City, State	e & ZIP Code
	it to this petition.		Chec	ck the appropriate box	to describe your business:
				Health Care Busine	ess (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))
				Commodity Broker	(as defined in 11 U.S.C. § 101(6))
				None of the above	
Par	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S. C. § 1182(1)? For a definition of small business debtor, see 11 U.S.C. § 101(51D).	proceed you are of cash-flow § 1116(1 ■ No. □ No. □ Yes. □ Yes.	under Suchoosing wistateme ()(B). I am Code I am I do r	ubchapter V so that it it to proceed under Subent, and federal incommot filing under Chapter 1 e. se to proceed under Se	court must know whether you are a small business debtor or a debtor choosing to can set appropriate deadlines. If you indicate that you are a small business debtor or ochapter V, you must attach your most recent balance sheet, statement of operations, he tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. ter 11. 11, but I am NOT a small business debtor according to the definition in the Bankruptcy 11, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11. 12, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11.
14.	Do you own or have any property that poses or is	■ No.			
	alleged to pose a threat of imminent and identifiable hazard to public health or safety?	☐ Yes.	What is	the hazard?	
	Or do you own any property that needs immediate attention?			diate attention is , why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where	is the property?	
					Number, Street, City, State & Zip Code

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	tor 1 Traci Ann Jackson	n		Case number	(if known)
Par	t 6: Answer These Quest	ons for Re	eporting Purposes		
16.	What kind of debts do you have?	16a.	Are your debts primarily constinuividual primarily for a persona		ed in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.		
			Yes. Go to line 17.		
		16b.		ness debts? Business debts are debts the tent or through the operation of the busin	
			☐ No. Go to line 16c.		
			☐ Yes. Go to line 17.		
		16c.	State the type of debts you owe	that are not consumer debts or business	debts
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter 7. 0	Go to line 18.	
	Do you estimate that after any exempt	☐ Yes.		ou estimate that after any exempt prope ble to distribute to unsecured creditors?	erty is excluded and administrative expenses
	property is excluded and administrative expenses		□No		
	are paid that funds will be available for distribution to unsecured		☐ Yes		
	creditors?				
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-19		☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000
		200-9			
19.	How much do you estimate your assets to be worth?	\$100,0	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
20.	How much do you estimate your liabilities to be?	\$100,0	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
Par	7: Sign Below				
For	you	I have ex	amined this petition, and I declare	under penalty of perjury that the inform	ation provided is true and correct.
		United St	ates Code. I understand the relief	available under each chapter, and I cho	·
				pay or agree to pay someone who is not otice required by 11 U.S.C. § 342(b).	an attorney to help me fill out this
		I request	relief in accordance with the chap	oter of title 11, United States Code, speci	ified in this petition.
		bankrupto and 3571	cy case can result in fines up to \$2	ncealing property, or obtaining money or 250,000, or imprisonment for up to 20 ye	property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519,
		Traci Ar	nn Jackson e of Debtor 1	Signature of Debtor	2
		Executed	on August 15, 2023 MM / DD / YYYY	Executed on MM /	/ DD / YYYY

Debtor 1	Traci Ann Jackson	Case number (if known)	

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Rex K. Daines	Date	August 15, 2023
Signature of Attorney for Debtor	_	MM / DD / YYYY
Rex K. Daines #95244		
Printed name		
OlsenDaines		
Firm name		
PO Box 12829		
Salem, OR 97309		
Number, Street, City, State & ZIP Code		
Contact phone (503) 362-9393	Email address	
#95244 OR		
Bar number & State		

Fill	in this informat	tion to identify your	case:			
	otor 1	Traci Ann Jackso				
	-	First Name	Middle Name	Last Name		
	otor 2 ouse if, filing)	First Name	Middle Name	Last Name		
Uni	ted States Bankr	uptcy Court for the:	DISTRICT OF OREGON	ı		
Cor	a numbar					
	se number				☐ Checl	k if this is an
					amen	ded filing
		_				
		n 106Sum				
				d Certain Statistical Information		12/15
info	rmation. Fill out	t all of your schedule	es first; then complete the	are filing together, both are equally responsible e information on this form. If you are filing amer		
you	r original forms	, you must fill out a	new <i>Summary</i> and check	the box at the top of this page.		
Par	t 1: Summari	ze Your Assets				
					Your a	ssets of what you own
	0 1 1 1 1/0	5 (0%:15	400A (D)		value	or what you own
1.		: Property (Official Fo 55, Total real estate, fo			\$	189,000.00
	1b. Copy line 6	32, Total personal pro	perty, from Schedule A/B		\$	17,807.00
	1c. Copy line 6	3, Total of all property	on Schedule A/B		\$	206,807.00
Par	t 2: Summari	ze Your Liabilities				
						abilities t you owe
2.			aims Secured by Property nn A, Amount of claim, at t	(Official Form 106D) he bottom of the last page of Part 1 of Schedule D	. \$	118,576.00
3.	Schedule E/F:	Creditors Who Have	Unsecured Claims (Official	Form 106E/F)	\$	600.00
				s) from line 6e of <i>Schedule E/F</i>		
	3b. Copy the t	otal claims from Part	2 (nonpriority unsecured cla	aims) from line 6j of <i>Schedule E/F</i>	\$	35,404.00
				Your total liabilitie		454 500 00
				Your total liabilitie	s 5	154,580.00
Par	t 3: Summari	ze Your Income and	Expenses			
_	·	ur Income (Official Fo	•			
4.				I	\$	2,699.00
5.		our Expenses (Official			\$	2,043.00
Par		, ,	Administrative and Statis		·	<u> </u>
	<u> </u>			3.104.11000.40		
6.		• •	er Chapters 7, 11, or 13? on this part of the form. Ch	neck this box and submit this form to the court with y	our other sc	hedules.
	Yes					
7.	What kind of o	debt do you have?				
				ebts are those "incurred by an individual primarily for statistical purposes. 28 U.S.C. § 159.	or a personal	, family, or

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Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

page 1 of 2

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____3,958.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	ı
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	600.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	600.00

ebtor 1	Traci Ann Ja	ackson					
	First Name		e Name	Last Name			
Pebtor 2 Spouse, if filing)	First Name	Middle	e Name	Last Name			
Inited States Bar	nkruptcy Court for	the: DISTRICT	OF OREGON				
ase number							☐ Check if this is a
							amended filing
Official Fo	rm 106A/E	<u>3</u>					
chedul	e A/B: Pi	roperty					12/15
nk it fits best. Be	as complete and a space is needed,	accurate as possibl	le. If two married p	e. If an asset fits in more than one people are filing together, both are On the top of any additional pages	equally resp	onsible for su	pplying correct
art 1: Describe	Each Residence, B	uilding, Land, or Ot	her Real Estate Yo	ou Own or Have an Interest In			
Do you own or h	ave any legal or eq	uitable interest in a	ıny residence, bui	ilding, land, or similar property?			
I I No Co to Dort	2						
_							
No. Go to PartYes. Where is							
_							
Yes. Where is			What is the pro	oportu? Charled the cook			
Yes. Where is	the property?		_	operty? Check all that apply	Do not dod	uet soeured ele	nims or exemptions. But
Yes. Where is 1 1540 Haye	the property?	cription	☐ Single-fa	amily home	the amount	of any secure	aims or exemptions. Put d claims on <i>Schedule D:</i>
Yes. Where is 1 1540 Haye	the property?	cription	Single-fa	amily home or multi-unit building	the amount	of any secure	
Yes. Where is 1 1540 Haye	the property?	cription	Single-fa	amily home or multi-unit building ninium or cooperative	the amount	of any secure	d claims on Schedule D:
Yes. Where is 1 1540 Haye Street address, i	the property? S St f available, or other des		☐ Single-fa ☐ Duplex o ☐ Condom ☐ Manufac	amily home or multi-unit building	the amount Creditors V Current va	of any secure Who Have Clair Iue of the	d claims on Schedule D: ms Secured by Property. Current value of the
Yes. Where is 1 1540 Haye Street address, i	the property? s St f available, or other des	97459-0000	Single-fa	amily home or multi-unit building ninium or cooperative ctured or mobile home	Current va	of any secure Who Have Clair lue of the perty?	d claims on Schedule D: ms Secured by Property. Current value of the portion you own?
Yes. Where is 1 1540 Haye Street address, i	the property? S St f available, or other des		Single-fa Duplex of Condom Manufac Land Investment	amily home or multi-unit building ninium or cooperative ctured or mobile home ent property	Current va	of any secure Who Have Clair Iue of the	d claims on Schedule D: ms Secured by Property. Current value of the
Yes. Where is 1 1540 Haye Street address, i	the property? s St f available, or other des	97459-0000	Single-fa	amily home or multi-unit building ninium or cooperative ctured or mobile home ent property	Current va entire prop	of any secure Who Have Clair lue of the perty? 39,000.00 he nature of y	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$189,000.0
Yes. Where is 1 1540 Haye Street address, i	the property? s St f available, or other des	97459-0000	Single-fa Duplex of Condom Manufac Land Investme Timesha	amily home or multi-unit building ninium or cooperative ctured or mobile home ent property	Current va entire prop \$18 Describe ti (such as fe	of any secure Who Have Clair lue of the perty? 39,000.00 he nature of y	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$189,000.0
Yes. Where is 1 1540 Haye Street address, i	the property? s St f available, or other des	97459-0000	Single-fa Duplex of Condom Manufac Land Investme Timesha	amily home or multi-unit building ninium or cooperative ctured or mobile home ent property are tterest in the property? Check one	Current va entire prop \$18 Describe ti (such as fe	of any secure Who Have Clair lue of the perty? 39,000.00 the nature of yes	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$189,000.0
Yes. Where is 1 1540 Haye Street address, i	the property? s St f available, or other des	97459-0000	Single-fa Duplex of Condom Manufac Land Investme Timesha Other Who has an in	amily home or multi-unit building ninium or cooperative ctured or mobile home ent property are tterest in the property? Check one	Current va entire prop \$18 Describe ti (such as fe	of any secure Who Have Clair lue of the perty? 39,000.00 the nature of yes	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$189,000.0
Yes. Where is 1 1540 Haye Street address, i	the property? s St f available, or other des	97459-0000	Single-fa Duplex of Condom Manufact Land Investm Timesha Other Who has an in Debtor 1	amily home or multi-unit building ninium or cooperative ctured or mobile home ent property are tterest in the property? Check one	Current va entire prop \$18 Describe ti (such as fe a life estate	lue of the perty? 39,000.00 he nature of yes simple, ten e), if known.	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$189,000.0 rour ownership interest ancy by the entireties, of
Yes. Where is 1 1540 Haye Street address, i North Bental City Coos	the property? s St f available, or other des	97459-0000	Single-fa Duplex of Condom Manufac Land Investme Timesha Other Who has an in Debtor 1	amily home or multi-unit building ninium or cooperative ctured or mobile home ent property are tterest in the property? Check one 1 only 2 only	Current va entire prop \$18 Describe ti (such as fe a life estate	lue of the perty? 39,000.00 he nature of yes simple, ten e), if known.	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$189,000.0
Yes. Where is 1 1540 Haye Street address, i North Bental City Coos	the property? s St f available, or other des	97459-0000	Single-fa Duplex of Condom Manufac Land Investme Timesha Other Who has an in Debtor 1 At least Other informat	amily home or multi-unit building ninium or cooperative ctured or mobile home ent property are terest in the property? Check one only only and Debtor 2 only	Current va entire prop \$18 Describe ti (such as fe a life estati	tof any secure Who Have Clair lue of the perty? 39,000.00 the nature of y se simple, ten e), if known.	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$189,000.0 rour ownership interest ancy by the entireties, of
Yes. Where is 1 1540 Haye Street address, i North Bental City Coos	the property? s St f available, or other des	97459-0000	Single-fa Duplex of Condom Manufac Land Investme Timesha Other Who has an in Debtor 1 At least Other informat	amily home or multi-unit building ninium or cooperative ctured or mobile home ent property are terest in the property? Check one 1 only 2 only 1 and Debtor 2 only one of the debtors and another tion you wish to add about this iter	Current va entire prop \$18 Describe ti (such as fe a life estati	tof any secure Who Have Clair lue of the perty? 39,000.00 the nature of y se simple, ten e), if known.	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$189,000.0 rour ownership interest ancy by the entireties, of

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Deb	otor 1 T	raci Ann J	nckson		Case number	(if known)	
3. C	ars, vans,	trucks, trac	tors, sport utility vehic	eles, motorcycles			
Г	l No						
	Yes						
	163						
3.1	Make:	Toyota	,	Who has an interest in the property? Check o			ims or exemptions. Put
3.1		Corolla		_	the amo		d claims on Schedule D: ns Secured by Property.
	Model: Year:	2013		Debtor 1 only			
		nate mileage:		☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only		t value of the property?	Current value of the portion you own?
		ormation:		☐ At least one of the debtors and another	chare p	roperty.	portion you own.
			I	☐ Check if this is community property (see instructions)		\$6,500.00	\$6,500.00
5 A Part Do	No I Yes Add the donages you Bescrift you own of the cousehold Examples:	oats, trailers ollar value of have attach oe Your Perso or have any	the portion you own food for Part 2. Write that	est in any of the following items?	rcycle accessories	or =>	\$6,500.00 Current value of the ortion you own? To not deduct secured laims or exemptions.
	I No I Yes. De	scribe					
			Household Goods	and Furniture		_	\$500.00
		Televisions a including cel	nd radios; audio, video, phones, cameras, medi	stereo, and digital equipment; computers ia players, games	, printers, scanners	; music collectio	ns; electronic devices
<i>E</i> 0. E	■ No ■ Yes. De quipment Examples:	Antiques and other collect scribe	ons, memorabilia, collect nd hobbies graphic, exercise, and c	nts, or other artwork; books, pictures, or o ctibles other hobby equipment; bicycles, pool tab	,		
_	I No ■ Yes. De						^
			Hobby Equipment			_	\$300.00

Deb	otor 1	Traci Ann Ja	ckson		Ca	ase number (if known)	
_	Firearn Examp ■ No		, shotgur	ns, ammunition, and re	elated equipment		
	☐ Yes.	Describe					
	□No	oles: Everyday clo	thes, fur	s, leather coats, desig	ner wear, shoes, accessories		
	Yes.	Describe					
			Clothi	ng			\$200.00
•	■ No		velry, cos	stume jewelry, engage	ment rings, wedding rings, heirloom jewe	elry, watches, gems, g	old, silver
	<i>Examp</i> ∃ No	rm animals oles: Dogs, cats, b	oirds, hor	ses			
			1 Dog				\$0.00
15.	Add t for Pa		of all of y number l	our entries from Par nere	t 3, including any entries for pages yo	ou have attached	\$1,200.00
Do	you ow	vn or have any le	gal or e	quitable interest in a	ny of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	□No		-	our wallet, in your hom	e, in a safe deposit box, and on hand wh	nen you file your petitio	on
						Cash on hand	\$20.00
	<i>Examp</i> ∃ No				nts; certificates of deposit; shares in cred with the same institution, list each. Institution name:	lit unions, brokerage h	nouses, and other similar
			17.1.	Online App	Venmo		\$0.00
				-•			
			17.2.	Checking	Umpqua Bank (1831)		\$1,360.00

Debtor 1	Traci Ann Ja	ckson			Case number (if known)
		17.3.	Crypto Currency	Crypto Currency	\$27.0
Exan	s, mutual funds, on ples: Bond funds,			age firms, money market accour	nts
■ No □ Yes	i		Institution or issuer nam	e:	
	oublicly traded st venture	ock and	interests in incorporate	ed and unincorporated busine	esses, including an interest in an LLC, partnership, an
■ No					
⊔ Yes	s. Give specific info		about them me of entity:		% of ownership:
Nego Non-l	tiable instruments	include	personal checks, cashier	le and non-negotiable instrun s' checks, promissory notes, an er to someone by signing or deliv	d money orders.
■ No □ Yes	. Give specific info		about them uer name:		
<i>Exan</i> □ No	•	RA, ERI	SA, Keogh, 401(k), 403(k	o), thrift savings accounts, or oth	ner pension or profit-sharing plans
■ Yes	s. List each accoun	•	ely. of account:	Institution name:	
		457(I	p)	Principle Investment	\$8,700.0
Your		d deposi	ts you have made so tha	t you may continue service or us ic utilities (electric, gas, water),	se from a company telecommunications companies, or others
	5			Institution name or individual	:
23. Annu No	ities (A contract fo	or a perio	dic payment of money to	you, either for life or for a numb	per of years)
☐ Yes	Is:	suer nam	e and description.		
	sts in an education			ied ABLE program, or under a	a qualified state tuition program.
	In:	stitution i	name and description. Se	eparately file the records of any	interests.11 U.S.C. § 521(c):
25. Trusts	s, equitable or fu	ture inte	rests in property (other	than anything listed in line 1)	, and rights or powers exercisable for your benefit
☐ Yes	. Give specific infe	ormation	about them		
				ther intellectual property rom royalties and licensing agre	ements
	. Give specific info	ormation	about them		
Exan ■ No	nples: Building per	mits, exc		ive association holdings, liquor	licenses, professional licenses
	. Give specific info		about them		
Money o	r property owed t	o you?			Current value of the portion you own? Do not deduct secured claims or exemptions.

D	ebtor 1	Traci Ann Jackson		Case number (if known)	
28	■ No	unds owed to you Give specific information about the	m, including whether you already filed the returns a	and the tax years	
29	■ No		r, spousal support, child support, maintenance, divo	orce settlement, property se	ttlement
30.		mounts someone owes you les: Unpaid wages, disability insura benefits; unpaid loans you ma	ance payments, disability benefits, sick pay, vacatio de to someone else	on pay, workers' compensa	ition, Social Security
31.	☐ Yes.	Give specific information ts in insurance policies les: Health, disability, or life insurar	nce; health savings account (HSA); credit, homeow	vner's, or renter's insurance	
	☐ Yes. I	Name the insurance company of ea Company na	• •	ary:	Surrender or refund value:
32.	If you a someon	erest in property that is due you are the beneficiary of a living trust, one has died. Give specific information	from someone who has died expect proceeds from a life insurance policy, or are	e currently entitled to receive	e property because
33.	Examp ■ No		r not you have filed a lawsuit or made a demand es, insurance claims, or rights to sue	I for payment	
34.	■ No	ontingent and unliquidated clain Describe each claim	ns of every nature, including counterclaims of t	the debtor and rights to se	et off claims
35.	■ No	ancial assets you did not already Give specific information	/ list		
36		•	ies from Part 4, including any entries for pages	you have attached	\$10,107.00
Pa	art 5: Des	scribe Any Business-Related Property	y You Own or Have an Interest In. List any real estate i	in Part 1.	
	No. Go	wn or have any legal or equitable into to Part 6. o to line 38.	erest in any business-related property?		
Pa		scribe Any Farm- and Commercial Fis ou own or have an interest in farmland, l	shing-Related Property You Own or Have an Interest In list it in Part 1.	1.	
46.	No.	own or have any legal or equital Go to Part 7. Go to line 47.	ble interest in any farm- or commercial fishing-r	related property?	

Debt	tor 1 Traci Ann Jackson		Case number (if known)	
Part 7	7: Describe All Property You Own or Have an Interest in That Yo	ou Did Not List Above		
	Do you have other property of any kind you did not already lis Examples: Season tickets, country club membership	t?		
	No			
	Yes. Give specific information			
54.	Add the dollar value of all of your entries from Part 7. Write the	hat number here		\$0.00
Part 8	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$189,000.00
56.	Part 2: Total vehicles, line 5	\$6,500.00		
57.	Part 3: Total personal and household items, line 15	\$1,200.00		
58.	Part 4: Total financial assets, line 36	\$10,107.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+ \$0.00		
62.	Total personal property. Add lines 56 through 61	\$17,807.00	Copy personal property total	\$17,807.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$206,807.00

Fill in this infor	mation to identify your	case:		
Debtor 1	Traci Ann Jackso	on		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF OREGON		
Case number (if known)				☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.						
■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)							
	☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)						
2.	For any property you list on Schedule A/B	that you claim as exe	mpt, fill in the information below.				
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption			
		Copy the value from Schedule A/B	Check only one box for each exemption.				

	Schedule A/B	Cne	ck only one box for each exemption.	
1540 Hayes St North Bend, OR 97459 Coos County	\$189,000.00		\$40,000.00	ORS §§ 18.395, 18.402
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
2013 Toyota Corolla Line from Schedule A/B: 3.1	\$6,500.00		\$3,000.00	ORS § 18.345(1)(d)
Line Holli Schedule A/B. 3.1			100% of fair market value, up to any applicable statutory limit	
Household Goods and Furniture Line from Schedule A/B: 6.1	\$500.00		\$500.00	ORS § 18.345(1)(f)
Ellie Holli Goricadie 74 B. G. I			100% of fair market value, up to any applicable statutory limit	
Electronics Line from Schedule A/B: 7.1	\$200.00		\$200.00	ORS § 18.345(1)(f)
Ellie Holli Govedale 7VD.			100% of fair market value, up to any applicable statutory limit	
Hobby Equipment Line from Schedule A/B: 9.1	\$300.00		\$300.00	ORS § 18.345(1)(a)
Ellic Hotti Goricadio 74 D. 911			100% of fair market value, up to any applicable statutory limit	

Official Form 106C S

Schedule C: The Property You Claim as Exempt

page 1 of 2

Del	otor 1 Traci Ann Jackson			Case number (if known)				
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption			
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.				
	Clothing Line from Schedule A/B: 11.1	\$200.00	•	\$200.00	ORS § 18.345(1)(b)			
	Life from Schedule PVB. 11.1			100% of fair market value, up to any applicable statutory limit				
	Cash on hand Line from Schedule A/B: 16.1	\$20.00		\$20.00	ORS § 18.345(1)(p)			
	Life from Schedule PAB. 10.1			100% of fair market value, up to any applicable statutory limit				
	Checking: Umpqua Bank (1831) Line from Schedule A/B: 17.2	\$1,360.00		75%	ORS §§ 18.385; 18.348(2)			
	Line from Scriedule AVB. 17.2			100% of fair market value, up to any applicable statutory limit				
	Crypto Currency: Crypto Currency Line from Schedule A/B: 17.3	\$27.00		\$27.00	ORS § 18.345(1)(p)			
	Ellie Holli Genedale PAB. This			100% of fair market value, up to any applicable statutory limit				
	457(b): Principle Investment Line from Schedule A/B: 21.1	\$8,700.00		100%	ORS §§ 18.358; 18.348(2)			
	Life from Schedule PVB. 21.1			100% of fair market value, up to any applicable statutory limit				
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/25 and every			led on or after the date of adjustmer	nt.)			
	Yes. Did you acquire the property cover	red by the exemption w	thin 1	,215 days before you filed this case	?			
	□ No							
	Π Yes							

Fill in this information t	to identify you	r case:				
Debtor 1 Trac	ci Ann Jacks	on				
First 1	Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing) First N	lane e	Middle Name	Loot Name			
(Spouse if, filing) First N	vame	Middle Name	Last Name			
United States Bankruptc	y Court for the:	DISTRICT OF OREGON				
Case number					_	if this is an ded filing
Official Form 106						
Schedule D: C	reditors	Who Have Clain	ms Secured	by Property	y	12/15
	nal Page, fill it o	f two married people are filing out, number the entries, and at your property?				
☐ No. Check this bo	x and submit th	nis form to the court with you	r other schedules. Yo	u have nothing else to	report on this form.	
■ Yes. Fill in all of the	ne information h	nelow		· ·	·	
Part 1: List All Secur						
		sare than one accured alaim list	the graditar concretely	Column A	Column B	Column C
for each claim. If more than	one creditor has	nore than one secured claim, list a particular claim, list the other of cal order according to the credito	creditors in Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Mr. Cooper		Describe the property that se	cures the claim:	\$118,576.00	\$189,000.00	\$118,576.00
Creditor's Name		1540 Hayes St North B	end, OR			
c/o Jay Bray, CEO/President		97459 Coos County				
8950 Cypress W	laters.	As of the date you file, the cla	aim is: Check all that			
Bldg One	410.0,	apply.				
Coppell, TX 750	19	☐ Contingent				
Number, Street, City, Stat	e & Zip Code	☐ Unliquidated				
Who owes the debt? Che		Disputed	1			
_	eck one.	Nature of lien. Check all that				
Debtor 1 only			ucn as mortgage or sect	ırea		
☐ Debtor 2 only			1 - 1 - P - X			
Debtor 1 and Debtor 2 of	•	Statutory lien (such as tax li	•			
☐ At least one of the debto☐ Check if this claim rela		☐ Judgment lien from a lawsu				
community debt	103 10 4	Other (including a right to o	mset)			
Date debt was incurred	2007	Last 4 digits of accou	nt number			
Add the deller velve of re	avv antrian i- O	Numa A on this mans 1864 of	at mumbar bara.	¢440 57	6.00	
•		olumn A on this page. Write th the dollar value totals from all		\$118,57		
Write that number here:	, - a	and the state of t	F944.	\$118,57	6.00	
Part 2: List Others to	Re Notified for	r a Debt That You Already	Listad			

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

						_			
Fill i	n this infor	mation to identify your	case:						
Debt	tor 1	Traci Ann Jackso	n						
	_	First Name	Middle Name	Last Name					
Debt (Spou	tor 2 se if, filing)	First Name	Middle Name	Last Name					
Unite	ed States Ba	ankruptcy Court for the:	DISTRICT OF O	REGON					
0	54 5 14155 2 5	and apropried the tries							
(if kno	e number wn)					☐ Che	ck if this is a	n	
						_	ended filing		
∩ffi	cial Forr	n 106E/F							
			ho Have Un	secured Claims			12/1	5	
				s with PRIORITY claims and Pa	art 2 for creditors with NO	NPRIORITY claims			
Sched Sched left. A	dule G: Execu dule D: Credi ttach the Coi and case nu	itory Contracts and Unexp tors Who Have Claims Sec	ired Leases (Official ured by Property. If i je. If you have no inf	a claim. Also list executory co Form 106G). Do not include an more space is needed, copy th ormation to report in a Part, do	ny creditors with partially e Part you need, fill it out	secured claims that number the entrie	at are listed in s in the boxes	n s on the	
1. [Oo any credit	ors have priority unsecure	d claims against yoւ	1?					
	☐ No. Go to F	Part 2.							
	Yes.								
io p	dentify what ty oossible, list th	pe of claim it is. If a claim ha	as both priority and no er according to the cre	re than one priority unsecured clanpriority amounts, list that claim ditor's name. If you have more the their creditors in Part 3.	here and show both priority	and nonpriority amo	ounts. As much	n as	
(For an explan	ation of each type of claim,	see the instructions for	this form in the instruction book		Datasitas	Namadan		
					Total claim	Priority amount	Nonpriori amount	пу	
2.1	IRS	Pr. I. M.	Last 4 d	digits of account number	\$600.00	\$600.0)0	\$0.00	
	Central PO Box			vas the debt incurred?		_			
		elphia, PA 19101-734 Street City State Zip Code		ne date you file, the claim is: C	heck all that apply				
	Who incurre	d the debt? Check one.	☐ Con	tingent					
	Debtor 1	only	☐ Unlie	quidated					
	Debtor 2	only	☐ Disp	uted					
	Debtor 1	and Debtor 2 only	Type of	Type of PRIORITY unsecured claim:					
	☐ At least o	ne of the debtors and anothe	er 🗖 Dom	nestic support obligations					
	☐ Check if	this claim is for a commu	nity debt Taxe	■ Taxes and certain other debts you owe the government					
	Is the claim subject to offset?								
	No								
	☐ Yes			Taxes Owing					
Part	2: List A	II of Your NONPRIORIT	Y Unsecured Clai	ms					
3. [Oo any credit	ors have nonpriority unse	cured claims against	you?					
	☐ No. You ha	ave nothing to report in this p	art. Submit this form t	o the court with your other sched	ules.				
ı	Yes.								
u tl	ınsecured clai	im, list the creditor separatel	y for each claim. For e	ical order of the creditor who I ach claim listed, identify what typ in Part 3.If you have more than the	oe of claim it is. Do not list of	laims already includ	ed in Part 1. If	more	

Total claim

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 4

Debtoi	Traci Ann Jackson	Case number (if known)	
4.1	Amazon	Last 4 digits of account number	\$3,225.00
	Nonpriority Creditor's Name 410 N Terry Ave. Seattle, WA 98109	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit	
4.2	Barclays Bank Delaware	Last 4 digits of account number	\$1,575.00
	Nonpriority Creditor's Name PO Box 8803	When was the debt incurred?	
	Wilmington, DE 19899 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit	
4.3	Chase Bank USA, N.A.	Last 4 digits of account number	\$3,362.00
	Nonpriority Creditor's Name c/o CEO Jamie Dimon 201 North Walnut Street	When was the debt incurred?	
	Wilmington, DE 19801 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	_	Delta ta annoise annoise annoise annoise at	
	■ No □ Yes	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit	

Debtor	1 Traci Ann Jackson	Case number (if known)					
4.4	Kohls/Capital One	Last 4 digits of account number	\$128.00				
	Nonpriority Creditor's Name PO Box 3115	When was the debt incurred?					
	Milwaukee, WI 53201-3115						
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts					
	Yes	■ Other. Specify Credit					
4.5	Synchrony Bank/ Paypal	Last 4 digits of account number	\$3,177.00				
	Nonpriority Creditor's Name 4125 Windward Plaza	When was the debt incurred?	. ,				
	Alpharetta, GA 30005 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.	As of the date you me, the claim is. Check all that apply					
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	☐ Student loans					
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims					
	No	Debts to pension or profit-sharing plans, and other similar debts					
	Yes	Other. Specify Credit					
4.6	US Bank	Last 4 digits of account number	\$2,808.00				
	Nonpriority Creditor's Name Bkcy Dept	When was the debt incurred?					
	PO Box 5229	Then was the dest incurred.					
	Cincinnati, OH 45201						
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims					
	No	□ Debts to pension or profit-sharing plans, and other similar debts					
	■ No □ Yes						
	Li res	■ Other. Specify Credit					

notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
Total claims	6a.	Domestic support obligations	6a.	\$	0.00
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	600.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	600.00
	6f.	Student loans	6f.	Φ.	Total Claim
Total claims	oi.	Student Idans	OI.	\$	0.00
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	35,404.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	35,404.00

Fill in this infor						
Debtor 1	Traci Ann Jackso	on				
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		DISTRICT OF OREGON				
Case number (if known)					☐ Check if the	

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the r, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.2	-				
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.3				'	
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
	•				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Fill in this	information to identify your	case:			
Debtor 1	Traci Ann Jacks				
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, fili	ing) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	DISTRICT OF OREGO	N		
Case num (if known)	ber			☐ Check if this is ar amended filing	n
Officia	l Form 106H				
	lule H: Your Cod	lebtors		1	2/15
■ No □ Yes 2. Wit	S	u lived in a community pi	operty state or territor	y? (Community property states and territories include	e
■ No. □ Yes	. Go to line 3. s. Did your spouse, former spo	use, or legal equivalent live	e with you at the time? spouse as a codebtor	if your spouse is filing with you. List the person sure you have listed the creditor on Schedule D (
Form				6G). Use Schedule D, Schedule E/F, or Schedule	
	Column 1: Your codebtor Name, Number, Street, City, State and 2	IP Code		Column 2: The creditor to whom you owe the Check all schedules that apply:	e debt
3.1	Name			☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line ☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule E/F, line ☐ Schedule G, line ☐ Sche	
	Number Street City	State	ZIP Code	_ ·	
3.2	Name			_ □ Schedule D, line □ Schedule E/F, line □ Schedule G, line	
-	Number Street			_	
	City	State	ZIP Code		

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

Fill	in this information to	o identify your ca	350.				ı					
	btor 1	Traci Ann Ja										
	btor 2 buse, if filing)					_						
Uni	ited States Bankrup	tcy Court for the	: DISTRICT OF OREGO	ON								
	se number nown)						□ Ai					napter
0	fficial Form	106I					\overline{M}	M / DD/ Y	YYY			
S	chedule I: `	Your Inco	ome									12/15
spo atta Par	use. If you are sep ich a separate shee rt 1: Describe	parated and you et to this form. (e Employment	are married and not filing wi r spouse is not filing wi On the top of any addition	th you, do not in	clude infor	mati	on about	your spo	use. If mo	re spa	ce is ne	eded,
1.	Fill in your emploinformation.	oyment		Debtor 1				Debtor 2	or non-fil	ling sp	ouse	
	If you have more than one job,	F		■ Employed				☐ Employed				
	information about	attach a separate page with information about additional		☐ Not employed				☐ Not er	mployed			
	employers.		Occupation	Surgical Support Assistant		<u>t</u>						
	Include part-time, self-employed wo		Employer's name	Bay Area Ho	spital							
	Occupation may it or homemaker, if		Employer's address	1775 Thomp Coos Bay, O								
			How long employed the	here? 5 ye	ars							
Pai	rt 2: Give Det	tails About Mor	nthly Income									
	imate monthly incouse unless you are		ate you file this form. If y	you have nothing	to report for	any	line, write	\$0 in the	space. Inc	lude yo	our non-fi	iling
	ou or your non-filing e space, attach a se		ore than one employer, co this form.	ombine the inform	ation for all	empl	oyers for	that perso	n on the lir	nes belo	ow. If you	u need
							For Deb	otor 1	For Deb			
2.			ry, and commissions (be calculate what the monthl		2.	\$	3,	958.00	\$		N/A	
3.	Estimate and list	t monthly overti	ime pay.		3.	+\$		6.00	+\$		N/A	

Official Form 106I Schedule I: Your Income page 1

4. Calculate gross Income. Add line 2 + line 3.

3,964.00

N/A

or 1	Traci Ann Jackson		Case	number (if known)			
			For	Debtor 1		ebtor 2 or ing spouse	
Сор	y line 4 here	4.	\$	3,964.00	\$	N/A	
List	all payroll deductions:						
5a.	Tax, Medicare, and Social Security deductions	5a.	\$	790.00	\$	N/A	
5b.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	N/A	
5c.	Voluntary contributions for retirement plans	5c.	\$_	135.00	\$	N/A	
5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A	
5e.	Insurance	5e.	\$_	282.00	\$	N/A	
5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	
5g.	Union dues	5g.	\$	58.00	\$	N/A	
5h.	Other deductions. Specify:	5h	+ \$_	0.00	+ \$	N/A	
Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,265.00	\$	N/A	
Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,699.00	\$	N/A	
8b.	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends	8a. 8b.	\$_ \$_	0.00	\$ \$	N/A N/A	
8c.	Family support payments that you, a non-filing spouse, or a depend regularly receive Include alimony, spousal support, child support, maintenance, divorce	ent					
	settlement, and property settlement.	8c.	\$_	0.00	\$	N/A	
8d.	Unemployment compensation	8d.	\$_	0.00	\$	N/A	
8e.	Social Security	8e.	\$_	0.00	\$	N/A	
8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assista that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	ince 8f.	\$	0.00	\$	N/A	
8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A	
8h.	Other monthly income. Specify:	8h	+ \$_	0.00	+ \$	N/A	
Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	N/A	
Calc	ulate monthly income. Add line 7 + line 9.	10. \$	·	2,699.00 + \$		N/A = \$	2,6
	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.						
Incluothe Do n	e all other regular contributions to the expenses that you list in Scheol de contributions from an unmarried partner, members of your household, you friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are exify:	our deper		. •		edule J. 11. +\$	

13. Do you expect an increase or decrease within the year after you file this form?

applies

No.	
Yes. Explain:	

2,699.00

Combined monthly income

12.

Schedule I: Your Income Official Form 106I page 2

E:III	in this information to identify your acces				
	in this information to identify your case:				
Deb	Traci Ann Jackson			k if this is:	
D-1-			_	An amended filing	
	btor 2bouse, if filing)			4 supplement snow 13 expenses as of t	ring postpetition chapter
(Opt	ouse, a many			TO expended do of t	ine following date.
Unit	ited States Bankruptcy Court for the: DISTRICT OF OREGON		Ī	MM / DD / YYYY	
Cas	se number				
(If kı	known)				
Of	fficial Form 106J				
Sc	chedule J: Your Expenses				12/15
Be info	as complete and accurate as possible. If two married people are fill ormation. If more space is needed, attach another sheet to this form mber (if known). Answer every question.				r supplying correct
Par 1.	rt 1: Describe Your Household Is this a joint case?				
••					
	■ No. Go to line 2. ☐ Yes, Does Debtor 2 live in a separate household?				
	_				
	□ No	0	//-/- (D - l-)	0	
	☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for	Separate House	enola of Debt	Or Z.	
2.	Do you have dependents? ■ No				
		Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.				□ Yes
	-				□ No
					☐ Yes
	_				□ No
	_				☐ Yes
					□ No
	_				☐ Yes
3.	Do your expenses include expenses of people other than				
	yourself and your dependents?				
	tt 2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless you	ara usina this f	orm as a suu	anloment in a Cha	ntor 12 case to report
exp	penses as of a date after the bankruptcy is filed. If this is a supplem plicable date.				
	clude expenses paid for with non-cash government assistance if yo				
	e value of such assistance and have included it on <i>Schedule I: Your</i> fficial Form 106l.)	r Income		Your expe	enses
(011	molari omi root.				
4.	The rental or home ownership expenses for your residence. Inclupayments and any rent for the ground or lot.	ide first mortgage	4. \$		988.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		0.00
	4d. Homeowner's association or condominium dues		4d. \$		0.00
5.	Additional mortgage payments for your residence, such as home	equity loans	5. \$		0.00

ebtor 1	Traci Ann Jackson	Case num	ber (if known)	
Utili	ties:			
Utilit 6a.	Electricity, heat, natural gas	6a.	\$	120.00
6b.	Water, sewer, garbage collection	6b.	\$	100.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	120.00
6d.		6d.	\$	
	Other. Specify:		·	0.00
	d and housekeeping supplies	7.	\$	375.00
	dcare and children's education costs	8.	\$	0.00
	hing, laundry, and dry cleaning	9.	\$	50.00
	sonal care products and services	10.	\$	50.00
. Med	ical and dental expenses	11.	\$	0.00
	nsportation. Include gas, maintenance, bus or train fare.	40	•	400.00
	not include car payments.	12.	·	100.00
. Ente	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
. Cha	ritable contributions and religious donations	14.	\$	0.00
. Insu	rance.		-	
Do n	not include insurance deducted from your pay or included in lines 4 or 20.			
15a.	Life insurance	15a.	\$	0.00
15b.	Health insurance	15b.	\$	0.00
15c.	Vehicle insurance	15c.	\$	40.00
			·	0.00
	· · ·		*	<u> </u>
Spec	Do not include taxes deducted from your pay or included in lines 4 or 20.	0.00		
			T	0.00
		17a	\$	0.00
	• •		·	0.00
	·		·	
				0.00
	• • •		\$	0.00
	r payments of alimony, maintenance, and support that you did not report as		\$	0.00
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	. 10.	·	
	er payments you make to support others who do not live with you.	40	\$	0.00
Spec	•	19.		
	er real property expenses not included in lines 4 or 5 of this form or on Sch			0.00
	Mortgages on other property	20a.	· ·	0.00
	Real estate taxes	20b.	·	0.00
	Property, homeowner's, or renter's insurance	20c.	·	0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e.	Homeowner's association or condominium dues	20e.	\$	0.00
. Othe	er: Specify:	21.	+\$	0.00
	· · · -		,	
	culate your monthly expenses			
	Add lines 4 through 21.		\$	2,043.00
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 $$		\$	
22c	Add line 22a and 22b. The result is your monthly expenses.		\$	2,043.00
				2,070.00
	culate your monthly net income.			
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,699.00
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	2,043.00
				,
23c.	Subtract your monthly expenses from your monthly income.			
	The result is your <i>monthly net income</i> .	23c.	\$	656.00
For e	you expect an increase or decrease in your expenses within the year after y example, do you expect to finish paying for your car loan within the year or do you expect you fication to the terms of your mortgage?			or decrease because of a
■ N	lo.			

Fill in this infor	mation to identify your	case:				
Debtor 1	Traci Ann Jackso	n				
Bestor 1	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	DISTRICT OF OREGON				
Case number _						
(if known)					☐ Check if this is an	
					amended filing	
Official Forr	m 106Dec					
		ın Individual D	ahtor's Sc	hadulas	40	/4 F
Deciarat	Holl About a	III IIIuIViuuai D	EDIOI 3 30	<u>lieuules</u>	12	/15
, ,	18 U.S.C. §§ 152, 1341, 1 n Below	519, and 3571.				
Did you pa	ay or agree to pay some	one who is NOT an attorney	to help you fill out b	ankruptcy forms?		
■ No						
☐ Yes. I	Name of person			Attach Ba	ankruptcy Petition Preparer's Notic	e.
					on, and Signature (Official Form 11	
	alty of perjury, I declare e true and correct.	that I have read the summar	y and schedules filed	d with this declara	tion and	
X /s/ Tra	ci Ann Jackson		X			
	Ann Jackson		Signature of	Debtor 2		
Signatu	re of Debtor 1					
Date	August 15, 2023		Date			

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

Fill	in this infor	nation to identify you	r case:			
Del	btor 1	Traci Ann Jacks	on			
Dal	htor O	First Name	Middle Name	Last Name		
	btor 2 buse if, filing)	First Name	Middle Name	Last Name		
Uni	ited States Ba	nkruptcy Court for the:	DISTRICT OF OREGON			
Ca	se number					
(if kr	nown)					Check if this is an mended filing
,						· ·
Of	ficial Fo	rm 107				
St	atement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	04/22
					equally responsible for sup	
		nore space is needed, n). Answer every ques		this form. On the top of any	/ additional pages, write you	ir name and case
		,		Lived Peters		
			rital Status and Where You	Lived Before		
1.	wnat is you	r current marital statu	IS?			
	☐ Married					
	■ Not ma	rried				
2.	During the I	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No					
	☐ Yes. Lis	st all of the places you li	ived in the last 3 years. Do no	ot include where you live now	<i>'</i> .	
	Debtor 1:		Dates Debtor 1	Debtor 2 Prior Ad	dress:	Dates Debtor 2
			lived there			lived there
3.					ity property state or territory	
stat	es and territor	ies include Arizona, Ca	lifornia, Idano, Louisiana, Ne	vada, New Mexico, Puerto R	co, Texas, Washington and W	/isconsin.)
	■ No					
	☐ Yes. Ma	ake sure you fill out <i>Sch</i>	nedule H: Your Codebtors (Of	ficial Form 106H).		
Pai	rt 2 Expla	in the Sources of You	r Income			
_	Distance have					- 1
4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.						idar years?
	□ No	•	•	·		
	_	I in the details.				
		u.o dotano.				
			Debtor 1 Sources of income	Grass income	Debtor 2 Sources of income	Gross income
			Check all that apply.	Gross income (before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
		of current year untiled for bankruptcy:	■ Wages, commissions, bonuses, tips	\$29,268.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Traci Ann Jac	,JUII			e number (if known)		
		Debtor 1		Debtor 2		
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	
For last calendar year: (January 1 to December 3	1, 2022)	■ Wages, commissions, bonuses, tips \$34,537.00		☐ Wages, commissions, bonuses, tips		
		☐ Operating a business		☐ Operating a business		
For the calendar year befor (January 1 to December 3)		■ Wages, commissions, bonuses, tips	\$38,892.00	☐ Wages, commissions, bonuses, tips		
		☐ Operating a business		☐ Operating a business		
List each source and th No Yes. Fill in the deta		ome from each source separa	tely. Do not include income t	nat you listed in line 4.		
		Debtor 1		Debtor 2		
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)	
For last calendar year: (January 1 to December 3	1, 2022)	Tax Refund (State)	\$473.00			
For the calendar year befor (January 1 to December 3		Tax Refund (Federal)	\$130.00			
		Tax Refund (State)	\$510.00			
Part 3: List Certain Pay	ments You	Made Before You Filed for	Bankruntev			
		's debts primarily consume				
		Debtor 2 has primarily consum personal, family, or househo		s are defined in 11 U.S.C. § 1	01(8) as "incurred by an	
_ `	00 days befo	ore you filed for bankruptcy, di	id you pay any creditor a tota	of \$7,575* or more?		
_		· each creditor to whom you pai	id a total of \$7.575* or more i	n one or more payments and	the total amount you	
	paid that cr	reditor. Do not include paymer payments to an attorney for the	nts for domestic support oblig			
* Subject to	adjustmen	t on 4/01/25 and every 3 year	s after that for cases filed on	or after the date of adjustme	nt.	
		or both have primarily consure you filed for bankruptcy, di		of \$600 or more?		
□ _{No.}	Go to line 7	7				
_		each creditor to whom you pai	id a total of \$600 or more and	I the total amount you paid th	at creditor. Do not	
	include pay	ments for domestic support or this bankruptcy case.				

Creditor's Name and Address

Dates of payment

Total amount paid

Amount you still owe

Was this payment for ...

Debtor 1 Traci Ann Jackson		Case number (if known)					
	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pay	ment for	
	Mr. Cooper c/o Jay Bray, CEO/President 8950 Cypress Waters, Bldg One Coppell, TX 75019	Last 3 months	\$988.00	\$118,576.00	■ Mortgage □ Car □ Credit Car □ Loan Rep. □ Suppliers □ Other	ayment	
7.	Within 1 year before you filed for bankrup: Insiders include your relatives; any general p of which you are an officer, director, person in a business you operate as a sole proprietor. alimony.	artners; relatives of any gent control, or owner of 20%	eneral partners; partn or more of their votin	erships of which yong securities; and a	ou are a general ny managing ag	partner; corporations ent, including one for	
	Yes. List all payments to an insider.						
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	his payment	
8.	Within 1 year before you filed for bankrup insider? Include payments on debts guaranteed or co No Yes. List all payments to an insider	• • • • • • • • • • • • • • • • • • • •	yments or transfer	any property on a	ccount of a de	ot that benefited an	
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t		
Pa	rt 4: Identify Legal Actions, Repossessio	ons, and Foreclosures					
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.	tcy, were you a party in a					
	Yes. Fill in the details.	Natura of the case	C		Ctatus of the		
	Case title Case number	Nature of the case	Court or agency		Status of the case		
	Western Mercantile Agency, Inc vs Traci A Jackson 23SC21765	Small Claims	Coos County Circuit Court. 250 N Baxter St Coquille, OR 97423		☐ Pending ☐ On appeal ☐ Concluded		
	Western Mercantile Agency , Inc vs Traci Jackson 23CV22507		Coos County (250 N Baxter S Coquille, OR 9	St	☐ Pending ☐ On appea ☐ Conclude		
10.	Within 1 year before you filed for bankrup Check all that apply and fill in the details belo		perty repossessed,	foreclosed, garnis	shed, attached	seized, or levied?	
	No. Go to line 11.Yes. Fill in the information below.						
	Creditor Name and Address	Describe the Property	,	Date		Value of the	
		Explain what happen				property	

Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107

Debte	or 1	Traci Ann Jackson		Case number	(if known)			
	ccou	unts or refuse to make a payment b		did any creditor, including a bank or financial in you owed a debt?	stitution, set off any a	amounts from your		
	_	No						
L	\	Yes. Fill in the details.						
	Cred	litor Name and Address	De	scribe the action the creditor took	Date action was taken	Amount		
		n 1 year before you filed for bankru -appointed receiver, a custodian, o		as any of your property in the possession of an er official?	assignee for the bene	efit of creditors, a		
ļ	_	No						
L	J \	Yes						
Part	5:	List Certain Gifts and Contribution	s					
13. V		n 2 years before you filed for bankr No	uptcy, d	did you give any gifts with a total value of more t	han \$600 per person	?		
	J \	Yes. Fill in the details for each gift.						
		s with a total value of more than \$60 person	0	Describe the gifts	Dates you gave the gifts	Value		
		on to Whom You Gave the Gift and ress:						
14. V	Vithi	n 2 years before you filed for bankr	uptcy, d	did you give any gifts or contributions with a total	al value of more than	\$600 to any charity?		
ı	_	No	. ,	, , , , ,				
	J \	Yes. Fill in the details for each gift or c	ontribut	ion.				
	more Char	s or contributions to charities that t e than \$600 rity's Name		Describe what you contributed	Dates you contributed	Value		
	Addı	ress (Number, Street, City, State and ZIP Code	e)					
Part	6:	List Certain Losses						
	Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?							
ı	I	No						
	J \	Yes. Fill in the details.						
		cribe the property you lost and the loss occurred	Include	the any insurance coverage for the loss the amount that insurance has paid. List pending not claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost		
Part	7-	List Certain Payments or Transfers						
lait	٠.	List Certain Fayments of Transiers	•					
c	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.							
	_ r	No						
Ī	_	Yes. Fill in the details.						
		on Who Was Paid		Description and value of any property	Date payment	Amount of		
	Address Email or website address Person Who Made the Payment, if Not You		ou.	transferred	or transfer was made	payment		
	Eve POE	rgreen Financial Counseling 3 1562	J.	Certificate of Credit Counseling	8/4/23	\$19.99		
	Port	tland, OR 97062-9997						

Case number (if known)

Debtor 1 Traci Ann Jackson Case number (if known)

	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value transferred	e of any property	′	Date payment or transfer was made	Amount of payment		
	OlsenDaines PO Box 12829 Salem, OR 97309	Attorney Fees				Unknown		
17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.							
	■ No □ Yes. Fill in the details.							
	Person Who Was Paid Address	Description and value transferred	e of any property	′	Date payment or transfer was made	Amount of payment		
	Within 2 years before you filed for bankruptcy, on transferred in the ordinary course of your busing			any prope	erty to anyone, other	than property		
	Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No							
	Yes. Fill in the details.							
	Person Who Received Transfer Address	Description and value property transferred	1		ny property or received or debts hange	Date transfer was made		
	Person's relationship to you							
19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)							
	■ No □ Yes. Fill in the details.							
	Name of trust	Description and value	e of the property	transferre	d	Date Transfer was		
		·				made		
Par	8: List of Certain Financial Accounts, Instrur	nents, Safe Deposit Bo	xes, and Storage	e Units				
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage							
	houses, pension funds, cooperatives, association No					, -		
	Yes. Fill in the details.	at 4 dimits of To		. Date		l aat balanaa		
			pe of account o strument	clos	e account was sed, sold, ved, or sferred	Last balance before closing or transfer		
21.	Do you now have, or did you have within 1 year cash, or other valuables?	before you filed for bar	nkruptcy, any sa	fe deposit	box or other deposi	tory for securities,		
	■ No □ Yes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access Address (Number, Street State and ZIP Code)		cribe the c	ontents	Do you still have it?		

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Traci Ann Jackson Case number (if known)

22.	Have yo	ave you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?							
	■ No								
	☐ Ye	s. Fill in the details.							
		of Storage Facility S (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City,	Describe	the contents	Do you still have it?			
			State and ZIP Code)						
Par	t 9:	entify Property You Hold or Control for	Someone Else						
23.	•	to you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust or someone.							
	■ No □ Yes. Fill in the details.								
		s Name s (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe	the property	Value			
Par	t 10: G	ive Details About Environmental Inform	ation						
For	the purp	ose of Part 10, the following definitions	apply:						
		3							
	toxic su	mental law means any federal, state, or bstances, wastes, or material into the a ons controlling the cleanup of these su	air, land, soil, surface water, ground	• .					
		ans any location, facility, or property as operate, or utilize it, including disposal	· ·	law, wheth	er you now own, operate,	or utilize it or used			
		ous material means anything an enviror ous material, pollutant, contaminant, or		waste, ha	zardous substance, toxic	substance,			
Rep	ort all no	ptices, releases, and proceedings that y	ou know about, regardless of wher	n they occu	ırred.				
24.	Has any	governmental unit notified you that yo	u may be liable or potentially liable	under or i	n violation of an environm	ental law?			
	_	No Yes. Fill in the details.							
		Name of site Governmental unit Environmental law, if you							
		S (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State an ZIP Code)	_		Date of notice			
25.	Have yo	u notified any governmental unit of any	release of hazardous material?						
	■ No								
	_	s. Fill in the details.							
	Name o		Governmental unit	Enviro	onmental law, if you	Date of notice			
		S (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State an ZIP Code)	_					
26.	Have vo	u been a party in any judicial or admini	strative proceeding under any envi	ronmental	law? Include settlements	and orders.			
	_								
	■ No □ Yes. Fill in the details.								
	Case N		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of	the case	Status of the case			
Par	t 11: G	ive Details About Your Business or Cor	nnections to Any Business						
27.	Within 4	years before you filed for bankruptcy.	did you own a business or have ar	y of the fol	llowing connections to an	y business?			
	_	Vithin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time							
		A member of a limited liability company	•		-				
Offici	al Form 10		of Financial Affairs for Individuals Filing		ntcv	page			

Debtor 1		Traci Ann Jackson			ase number (if known)			
		☐ A partner in a partnership						
		☐ An officer, director, or managing ex	ecutive of a corporation					
		☐ An owner of at least 5% of the votin	g or equity securities of a corporation					
■ No. None of the above applies. Go to Part 12.			Part 12.					
		Yes. Check all that apply above and fill	in the details below for each business.	usiness.				
	Add	isiness Name Idress	Describe the nature of the business		Employer Identification number Do not include Social Security number or ITIN.			
	(Num	nber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Dates business existed			
28.		nin 2 years before you filed for bankrupt tutions, creditors, or other parties.	cy, did you give a financial statement to	o any	one about your business? Include all financial			
	_	No Yes. Fill in the details below.						
	Name Address (Number, Street, City, State and ZIP Code)		Date Issued					
Pai	rt 12:	Sign Below						
are with	true a i a ba		false statement, concealing property, o	or ob	eclare under penalty of perjury that the answers taining money or property by fraud in connection s, or both.			
		i Ann Jackson nn Jackson	Signature of Debtor 2					
		re of Debtor 1	oignature of Debtor 2					
Dat	te A	August 15, 2023	Date					
Did ■ N	10	attach additional pages to Your Stateme	ent of Financial Affairs for Individuals F	iling	for Bankruptcy (Official Form 107)?			
Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ■ No □ Yes. Name of Person Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).								